

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022178

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 44Primary Registration District No. 4061Registrar's No. 18

FILED JUN 19 1962

## 1. PLACE OF DEATH

a. COUNTY

Caldwell

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN BraymerLength of stay in 1b  
Lifec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION On Main St. Braymer, MoInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Caldwell

c. CITY  
OR TOWN BraymerInside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Jewell

Middle J.

Last REDHAIR

4. DATE  
OF DEATH

Month May 4, 1962

Day Year

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 13, 1898

9. AGE (last birthday)

64 yrs

IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

laborer

10b. KIND OF BUSINESS OR INDUSTRY

carpenter

11. BIRTHPLACE (City and state or country)

Braymer, Mo

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Jacob Redhair

## 13b. MOTHER'S MAIDEN NAME

Irene Harris

## 14. NAME OF HUSBAND OR WIFE

Louisa Redhair

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

## 17. INFORMANT

Louisa Redhair

Address

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

15 minutes

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Coronary Arteriosclerosis

many  
years

DUE TO (c)

Generalized Arteriosclerosis

many  
yearsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Chronic Bronchial Asthma

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 1957 to May 4, 1962 and last saw him alive on May 4, 1962  
Death occurred at 5:00p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. E. Goldberg M.D. MD

## 22b. ADDRESS

Braymer, Mo

## 22c. DATE SIGNED

5-5-62

23a. BURIAL, CREMATION  
REMOVAL (Specify)

Burial

## 23b. DATE

5-7-62

## 23c. NAME OF CEMETERY OR CREMATORY

BlackOak Cem.

## 23d. LOCATION (City, town, or county)

Braymer, Mo

(State)

## 24. FUNERAL DIRECTOR

Mead-Pitts

## ADDRESS

Braymer, Mo

## 25. DATE RECD. BY LOCAL REG.

6-15-62

## 26. REGISTRAR'S SIGNATURE

Mrs. Ruth Ann Zuppert

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

0130

0130

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94201

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1291-0

13 1-1

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bernard J. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.